

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 251-3036  
**Phone #:** (608) 266-2112

**Office Location:** 4822 Madison Yards Way  
Madison, WI 53705  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## EXAMINING BOARD OF PROFESSIONAL GEOLOGISTS, HYDROLOGISTS, AND SOIL SCIENTISTS

### VERIFICATION OF EXAMINATION OR REGISTRATION

**APPLICANT: Complete top portion of this form and forward to registration agency.** Proper completion of this form is required for processing of the application. Any alteration made to the form will void the form. Failure to submit proper documentation of employment will delay processing of your credential application.

|                                    |  |                      |                         |
|------------------------------------|--|----------------------|-------------------------|
| Last Name                          | First Name   | MI                   | Former / Maiden Name(s) |
| <input type="text"/>               | <input type="text"/>   | <input type="text"/> | <input type="text"/>    |
| <input type="text"/>               |  |                      |                         |
| Address (street, city, state, zip) |  |                      |                         |
| Date of Birth:                     | <input type="text"/>   | <input type="text"/> | <input type="text"/>    |
| Type of Credential:                | <input type="checkbox"/> Professional Geologist <input type="checkbox"/> Hydrologist <input type="checkbox"/> Soil Scientist |                      |                         |
| Original State of Licensure:       | <input type="text"/>   | Credential Number:   | <input type="text"/>    |

**REGISTRATION AGENCY: Complete Section below and return directly to DSPS:** You may fax/email with facility cover sheet/letter to: (608) 251-3036 or [DSPSCREDDGHSSBOARD@wisconsin.gov](mailto:DSPSCREDDGHSSBOARD@wisconsin.gov).

**The above named individual was registered as a/an:** Type of Credential: ☐ Professional Geologist ☐ Hydrologist ☐ Soil Scientist

#### License Issued by the Following Method:

| Written Examination      | Education/ Experience    | Comity                   | State                | License #            | Date Granted         | Expiration Date      |
|--------------------------|--------------------------|--------------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

#### If Written Examination, provide:

Hours in Profession  Exam Format  Scores  Date

#### If Education and Experience, explain provisions for registration without Written Examination:

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

#### Is there any disciplinary action pending or was any formal disciplinary action ever taken against the above named individual?

☐ Yes ☐ No If yes, please give details on reverse side.

Completed By

Date

Title

State